



RMSANZ

Rehabilitation Medicine Society of Australia and New Zealand

Rehabilitation Medicine Society of Australia and New Zealand (the Society)
ACN 604 341 559

GENERAL MEETING

of the members of the Society to be held as a virtual meeting
on Thursday 4 April 2024 at 6.00 pm (AEDT) / 8.00 pm (NZDT)

PROXY FORM

I,,
[name of appointing member]

of,
[address]

being a financial Voting Member of the Society with membership number:

appoint of
[name of appointed proxy] [address of proxy]

or failing him/her the Chair of the meeting as my proxy to attend and vote on my behalf at the General Meeting of the Society to be held as a virtual meeting on **Thursday 4 April 2024 at 6.00 pm (AEDT) / 8.00 pm (NZDT)**, and at any adjournment of the meeting.

I **direct** my proxy to vote on the resolution as set out in the notice for the meeting as indicated in the checkbox below.

Important: Before marking the checkbox, please read the **Instructions for Completing Proxy Form** on page 2 of this form. **Please be sure to sign and date this form in the spaces indicated below.**

RESOLUTION	FOR	AGAINST	ABSTAIN
1. Approve amendment of constitution (Agenda item 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 2024

.....
Signature of Member

Instructions for Completing Proxy Form

1. If you do not direct the appointed proxy how to vote in relation to a Resolution the proxy may vote as he/she thinks fit on that resolution. **Please note that if you appoint the Chair of the meeting as your proxy and don't direct your proxy how to vote on a resolution it is the meeting Chair's intention to vote in favour of the resolution.**
2. Accordingly, if you wish to direct your appointed proxy how to vote you must do so by clearly indicating in **one** of the boxes next to the resolutions on page 1 of this proxy form how your proxy is to vote. You should mark the appropriate box with a tick [✓].

Instructions for Submitting Completed Proxy Form

1. Please check that you have completed all the required membership details, and that you have signed and dated the proxy form above. If you do not sign the form your proxy is ineffective and your proxy vote will not be counted.
2. Please return the completed proxy form so that it is received by the Society by **6.00 pm (AEST) / 8.00 pm (NZST) on Tuesday, 2 April 2024**. If your proxy form is not received by that time your proxy vote is invalid and will not be counted.
3. Your proxy form may be submitted by any of the following methods:
 - *by email:* scan the completed proxy form and attach it to an email addressed to admin@rmsanz.net
 - *by post:* The Administrative Officer
Rehabilitation Medicine Society of Australia & New Zealand Ltd
PO Box 637
North Sydney NSW 2059
 - *by delivery:* The Administrative Officer
Rehabilitation Medicine Society of Australia & New Zealand Ltd
C/- DC Conferences
Suite 103/3-5 West St,
North Sydney NSW
4. If you have any questions regarding the proxy form or the procedure to be followed please contact the RMSANZ Administrative Officer, Alex Petersen, by email at admin@rmsanz.net or by telephone on +61 (0) 477 201 806.